## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/572598

| CLAIMS AS FILED - PART I  |   |   |   |                                    |                  |   |          | 110/9/2990          |                        |                |                            |  |  |
|---|---|---|---|------------------------------------|------------------|---|----------|---------------------|------------------------|----------------|----------------------------|--|--|
| L   |   | OLAINS A                                  | (Colum  |                                    | (Column 2)       |   | SMALL EN | TITY                | OR                     | OTHER<br>SMALL |                            |  |  |
| U.S. NATIONAL STAGE FEES  |   |   |   |                                    |                  |   | ]        | RATE                | FEE                    | 7              | RATE                       | FEE  |  |
| BASIC FEE   |   |   | SMALL ENT. = \$ 150   |                                    | LAR              | GE ENT. = \$ 300  | 1        | BASIC FEE           | 150                    | OR             | BASIC FEE                  | <del>                                     </del> |  |
| EXAMINATION FEE   |   |   | Satisfies PCT A<br>(4) = \$50                                     |                                    |                  | ther situations =<br>\$ 100 / \$ 200                        | 1        | EXAM. FEE           | 100                    | 1              | EXAM. FEE                  | <del> </del>                                     |  |
| SEARCH FEE  |   |   | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |                                    | U.S. is          | ISA = \$50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |          | SEARCH FEE          | 100<br>50              |                | SEARCH FEE                 |  |  |
| FEE FOR EXTRA SPEC. PGS.  |   |   | minus 100 =   |                                    |                  | / 50 =  |          | X \$ 125 =          | 100                    | 1              | X \$ 250 =                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | /O minus 20 = ,   |                                    | *                |   |          | X \$ 25 =           |                        | OR             | X \$ 50 =                  |  |  |
| INDEPENDENT CLAIMS  |   |   | $\mathcal{A}$ minus 3 = ,   |                                    | *                |   |          | X \$ 100 =          |                        | OR             | X \$ 200 =                 | <del> </del> -                                   |  |
| MUL   | TIPLE DEPEN   | DENT CLAIM PRE                            | SENT  |                                    |                  |   |          | + \$ 180 =          |                        | OR             | + \$ 360 =                 |  |  |
| * If  | the difference  | in column 1 is l                          | ess than zero   | , enter "0                         | " in co          | olumn 2   | L        | TOTAL               | 300                    | OR             | TOTAL                      |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |   |   |                                    |                  |   | _        | SMALL ENTITY        |                        | OR             | OTHER THAN<br>SMALL ENTITY |  |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |   | NUME<br>PREVIO<br>PAID I           | BER<br>DUSLY     | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total   | *   | Minus   | **                                 |                  | =   | ſ        | X \$ 25 =           |                        | OR             | X \$ 50 =                  |  |  |
|   | Independent   | *   | Minus   | ***                                |                  | =   |          | X \$ 100 =          |                        | OR             | X \$ 200 =                 |  |  |
|   | FIRST PRES  | ENTATION OF M                             | JLTIPLE DEPE  | NDENT C                            | LAIM             |   | ſ        | + \$ 180 =          |                        | OR             | + \$ 360 =                 |  |  |
|   |   |   |   |                                    |                  |   | •        | TOTAL ADDIT.<br>FFF |                        | OR             | TOTAL ADDIT.               |  |  |
|   |   | (Column 1)                                |   | (Colum                             | ın 2)            | (Column 3)  |          |                     |                        |                | •                          |  |  |
|   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total   | *   | Minus   | **                                 |                  | =   | Γ        | X \$ 25 =           |                        | OR             | X \$ 50 =                  |  |  |
|   | Independent   | *   | Minus   | ***                                |                  | =   |          | X \$ 100 =          |                        | OR             | X \$ 200 =                 |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                    |                  |   |          | + \$ 180 =          |                        | OR             | + \$ 360 =                 |  |  |
|   |   |   |   |                                    |                  |   | T        | OTAL ADDIT:<br>FFF  |                        | OR _           | TOTAL ADDIT.<br>FFF        |  |  |
| ***   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  ORM PTO-875 (Rev. 02/2005) |   |   |                                    |                  |   |          |                     |                        |                |                            |  |  |